

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Facility Information**

**Facility Name:** GENESIS SHEBOYGAN RESIDENTIAL CENTER (410465)

**Address:** 503 WISCONSIN AVE, SHEBOYGAN, WI 53081

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/1990

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0093694      **End Date:** 11/18/2004      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10007052    Served 12/02/2004

Deficiencies Cited  
83.33(3)(b)2.a

Subject Area  
MEDICATIONS SHALL HAVE A LABEL

Compliance  
Verified

Corrected

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